

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

JAY CUSKER, LMFT, et al.

Case No.: 6:24-cv-00998-MK

Plaintiff(s),

v.

MOTION FOR LEAVE TO APPEAR
PRO HAC VICE

OREGON HEALTH AUTHORITY, et al.

Defendant(s).

Attorney Jordan Harris requests special admission *pro hac vice* to the Bar of the United States District Court for the District of Oregon in the above-captioned case for the purposes of representing the following party (or parties):
Plaintiffs Jay Cusker, LMFT, Alison Grayson, Kathryn Kloos, ND, and Dr. Yolanda Suarez, DO

In support of this application, I certify that: 1) I am an active member in good standing with the Washington State Bar; and 2) that I have read and am familiar with the Federal Rules of Evidence, the Federal Rules of Civil and Criminal Procedure, the Local Rules of this Court, and this Court's Statement of Professionalism.

I understand that my admission to the Bar of the United States District Court for the District of Oregon is solely for the purpose of litigating in the above matter and will be terminated upon the conclusion of the matter.

(1) PERSONAL DATA:

Name: <u>Harris, Jordan</u>	(Last Name)	(First Name)	(MI)	(Suffix)
Agency/firm affiliation: <u>Perkins Coie, LLP</u>				
Mailing address: <u>1201 Third Avenue, Suite 4900</u>				
City: <u>Seattle</u>	State: <u>WA</u>	Zip: <u>98101</u>		
Phone number: <u>(206) 359-8000</u>		Fax number: <u>(206) 359-9000</u>		
Business e-mail address: <u>JordanHarris@perkinscoie.com</u>				

(2) BAR ADMISSION INFORMATION:

(a) State bar admission(s), date(s) of admission, and bar number(s):

Washington State Bar Association: 10/11/2019; Bar No. 55499

(b) Other federal court admission(s) and date(s) of admission:

USDC Western Washington: 10/24/2019; USDC Eastern Washington: 3/6/2020;

USDC Central District of IL: 6/28/2023; 9th Circuit Court of Appeals: 10/9/2024

(3) CERTIFICATION OF DISCIPLINARY ACTIONS:

I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.

I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)

(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:

Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.

(5) CM/ECF REGISTRATION:

I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the requirements of LR 83-3, and I certify that the above information is true and correct.

DATED: 1/2/2025



James M. Morrison
(Signature)

REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for *pro hac vice* admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1.

To request a waiver of the requirement to associate with local counsel under LR 45-1, check the following box:

I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request a waiver of the LR 83-3(a)(1) requirement to associate with local counsel and therefore do not include a certification from local counsel with this application.

To associate with local counsel, provide the following information about local counsel, and obtain the signature of local counsel.

Name: Martinez, Holly
 (Last Name) (First Name) (MI) (Suffix)

OSB number: 192265

Agency/firm affiliation: Perkins Coie, LLP

Mailing address: 1120 NW Couch St., Floor 10

City: Portland State: OR Zip: 97209

Phone number: (503) 727-2281 Fax number: (503) 727-2222

Business e-mail address: HMartinez@perkinscoie.com

CERTIFICATION OF ASSOCIATE LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in case number 6:24-cv-00998-MK.

DATED: 1/2/2025.


Holly Martinez
 (Signature of Local Counsel)